

PLEASE PRINT

I _____, authorize Brayden Supervision Services Inc. to charge my credit card for services provided. I acknowledge that my card will be kept on file and charged prior to each scheduled visit.

CARDHOLDER INFORMATION:

VISA Master Card

Name: _____

Address: _____

Address: _____

Phone Number: _____

Credit Card Number: _____

Expiry Date: _____

Cardholder Signature: _____

Today's Date: _____

RATES:

Supervised Access Visits - \$50/hr + HST (3 hour minimum per visit)

Supervised Transfers - \$50/transfer + HST

Supervised Visit Notes - \$20/visit + HST

Cancellation Fee - \$20 (if visit is canceled after confirmation from both parties)

Cancellation Fee if visit canceled within 24 hrs of scheduled start time - Full fee

ALL PAYMENTS ARE DUE 24-48 HRS PRIOR TO SCHEDULED VISIT START TIME.